

**AREA MANAGEMENT EVALUATION****PLANNING**

CHP 453J (Rev. 5-06) OPI 009

AREA Hollister-Gilroy	DIVISION Coastal	NUMBER
EVALUATED BY Sgt. Dave Hill		DATE 1-27-08

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW	
BY _____		DATE	

**1. PLANNING CONSIDERATIONS**

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Do Area personnel understand the distinction between planning and plans?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the commander stress the need for planning?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are time and resources allocated for planning?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Does the commander set the example and provide the staff with planning direction?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are all supervisors involved in planning?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are the views of subordinates considered during the planning process?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**2. GENERAL**

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Are evaluations based on results obtained?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Do plans in the Area accomplish one or more of the premises for planning?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the need for Area plans still exist?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are the benefits of formal plans sufficient to offset the time and expense of their preparation?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are the plans efficient?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Can they be tested?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are they current?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Do they work?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Do plans state their purpose and objectives clearly?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is authority and responsibility clearly delineated?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do they contain checklists to help in their implementation?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**3. STRATEGIC PLAN**

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Is the commander and all levels of supervision familiar with the Strategic Plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are PAO efforts directed towards Strategic Plan issues and goals?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Have departmentwide issues been addressed in the Area's Strategic Plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is the mission statement pertinent to the command's particular environment?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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(a) If not, has a mission statement been developed for the command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are there traffic problem(s) in the Area which could be mitigated or resolved by a grant?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have traffic safety proposals been submitted which target the identified problem(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Area familiar with the Department's grant program as outlined in GO 40.6, Departmental Grants Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do objectives represent the "real" issues of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are time frames realistic for each objective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are objectives expressed in terms so their importance or significance can be easily understood by subordinate levels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. How are goals formulated? Based on goals and statistics from prior years and growth rate of Area		
(1) Are goals relevant to the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are goals realistic considering command resources?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do the goals provide for an accurate measurement of performance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) How are goals actually measured? Monthly and quarterly statistics.		
(5) How are goals communicated to all levels? Informal meeting, staff meetings, briefings and training days.		
(6) What resources are allocated to goal attainment? Anything area management and staff can provide.		
(7) How do personnel evaluations reflect a goals orientation? Monthly comments on Strategic Plan goals and what the employee has accomplished during the month to assist in attaining these goals.		
f. Are the command's resources accurately identified in its action plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Will they meet the needs of the action plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a program responsibility been assigned?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are the action steps logical and properly arranged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are time frames realistic?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Have specific review periods been established?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Have adjustments to the plan been made when indicated by the review process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Were adjustments documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Have provisions for managing these changes been identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are results being attained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) What is the Area record of accomplishment? Area has consistently accomplished the majority of its goals.		

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(a) Are results being communicated to Area personnel?

☒ Yes ☐ No

**4. BUDGET PLANNING**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Does the Area budget request reflect good planning?

☒ Yes ☐ No

(1) Are future needs considered?

☒ Yes ☐ No

(2) Is there a suspense file for budget needs?

☒ Yes ☐ No

(3) Is input solicited from all employees?

☒ Yes ☐ No

(4) Are budget requests discussed at Area and staff meetings in advance of the submission date to provide input?

☒ Yes ☐ No

**5. SPECIAL PLANNING**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Do special enforcement plans include introductory orientation presentations, interim measurements, and periodic evaluation?

☒ Yes ☐ No

(1) Are devices utilized to chart the progress of the programs and serve as reminders of their importance?

☒ Yes ☐ No

(a) If so, what is done, and is the information kept current? Field Sergeant track the progress of special enforcement, grant and dui related programs.

b. Is there a schedule of expected special events?

☒ Yes ☐ No

(1) Do file copies of special event plans indicate proper planning?

☒ Yes ☐ No

(2) Have plans for recurring events been updated?

☒ Yes ☐ No

c. Does the command have a Job Action Contingency Plan?

☒ Yes ☐ No

(1) Does the plan provide for the most effective response and use of personnel and resources?

☒ Yes ☐ No

(2) Does the plan assure the continuation of critical services, and provide for an orderly transition from normal to emergency operations?

☒ Yes ☐ No

(3) Is the plan current?

☒ Yes ☐ No

(4) Is the plan practical, usable, and available to those who may be required to implement it?

☒ Yes ☐ No

**6. OTHER PLANS**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Does the Area have unique problem situations that require special plans?

☒ Yes ☐ No

(1) Are these plans current?

☒ Yes ☐ No